



Giardiasis

County _____

LHJ Use ID _____

☐ Reported to DOH

Date ____/____/____

LHJ Classification

☐ Confirmed

☐ Probable

By: ☐ Lab ☐ Clinical

☐ Epi Link: _____

☐ Outbreak-related

LHJ Cluster# _____

LHJ Cluster
Name: _____

DOH Outbreak # _____

REPORT SOURCE

LHJ notification date ____/____/____

Reporter (check all that apply)

☐ Lab ☐ Hospital ☐ HCP

☐ Public health agency ☐ Other

OK to talk to case? ☐ Yes ☐ No ☐ Don't know

Investigation
start date: ____/____/____

Reporter name _____

Reporter phone _____

Primary HCP name _____

Primary HCP phone _____

PATIENT INFORMATION

Name (last, first) _____

Address _____ ☐ Homeless

City/State/Zip _____

Phone(s)/Email _____

Alt. contact ☐ Parent/guardian ☐ Spouse ☐ Other Name _____

Zip code (school or occupation): _____ Phone _____

Occupation/grade _____

Employer/worksite _____ School/child care name _____

Birth date ____/____/____ Age ____

Gender ☐ F ☐ M ☐ Other ☐ Unk

Ethnicity ☐ Hispanic or Latino
☐ Not Hispanic or Latino

Race (check all that apply)

☐ Amer Ind/AK Native ☐ Asian

☐ Native HI/other PI ☐ Black/Afr Amer

☐ White ☐ Other

CLINICAL INFORMATION

Onset date: ____/____/____

☐ Derived

Diagnosis date: ____/____/____

Illness duration: ____ days

Signs and Symptoms

Y N DK NA

☐ ☐ ☐ ☐ **Diarrhea** Maximum # of stools in 24 hours: ____

☐ ☐ ☐ ☐ **Pale, greasy or odorous stool**

☐ ☐ ☐ ☐ **Abdominal cramps or pain**

☐ ☐ ☐ ☐ **Weight loss with illness**

☐ ☐ ☐ ☐ **Bloating or gas**

Predisposing Conditions

Y N DK NA

☐ ☐ ☐ ☐ Immunosuppressive therapy or disease

Hospitalization

Y N DK NA

☐ ☐ ☐ ☐ **Hospitalized for this illness**

Hospital name _____

Admit date ____/____/____ Discharge date ____/____/____

Y N DK NA

☐ ☐ ☐ ☐ **Died from illness** Death date ____/____/____

☐ ☐ ☐ ☐ Autopsy Place of death _____

Laboratory

Collection date ____/____/____

Source _____

P N I O NT

☐ ☐ ☐ ☐ ☐ **G. lamblia antigen by immunodiagnostic test such as EIA (stool)**

☐ ☐ ☐ ☐ ☐ **G. lamblia cysts (stool)**

☐ ☐ ☐ ☐ ☐ **G. lamblia trophozoites (stool, duodenal fluid, small-bowel biopsy)**

P = Positive O = Other
N = Negative NT = Not Tested
I = Indeterminate

NOTES

INFECTION TIMELINE

Enter onset date (first sx) in heavy box. Count forward and backward to figure probable exposure and contagious periods

Days from onset:

Exposure period

-25 -3

o
n
s
e
t**Contagious period**

weeks to months

Calendar dates:

EXPOSURE (Refer to dates above)

Y N DK NA

- ☐ ☐ ☐ ☐ Travel out of the state, out of the country, or outside of usual routine
Out of: ☐ County ☐ State ☐ Country
Destinations/Dates: _____
- ☐ ☐ ☐ ☐ Does case know anyone else with similar symptoms or illness?
- ☐ ☐ ☐ ☐ Contact with lab confirmed case
☐ Household ☐ Casual ☐ Sexual
☐ Needle use ☐ Other: _____
- ☐ ☐ ☐ ☐ **Epidemiologic link to a confirmed human case**
- ☐ ☐ ☐ ☐ Contact with diapered or incontinent child or adult
- ☐ ☐ ☐ ☐ Group meal (e.g. potluck, reception)
- ☐ ☐ ☐ ☐ Food from restaurants
Restaurant name/location: _____
- ☐ ☐ ☐ ☐ Source of drinking water known
☐ Individual well ☐ Shared well
☐ Public water system ☐ Bottled water
☐ Other: _____
- ☐ ☐ ☐ ☐ Drank untreated/unchlorinated water (e.g. surface, well)
- ☐ ☐ ☐ ☐ Recreational water exposure
☐ Natural water ☐ Pools, spas, water park, fountain
☐ Both
Name/Location: _____
- ☐ ☐ ☐ ☐ Farm or dairy residence or work
- ☐ ☐ ☐ ☐ Work with animals or animal products (e.g. research, veterinary medicine, slaughterhouse)
Specify animal: _____

Y N DK NA

- ☐ ☐ ☐ ☐ Exposure to pets
Was the pet sick ☐ Y ☐ N ☐ DK ☐ NA
- ☐ ☐ ☐ ☐ Zoo, farm, fair or pet shop visit
- ☐ ☐ ☐ ☐ Any contact with animals at home or elsewhere
- ☐ ☐ ☐ ☐ Dog or puppy
- ☐ ☐ ☐ ☐ Foreign arrival (e.g. immigrant, refugee, adoptee, visitor)
Specify country: _____
- ☐ ☐ ☐ ☐ Any type of sexual contact with others during exposure period:
female sexual partners: _____
male sexual partners: _____

How was this person likely exposed to the disease:

- ☐ Food ☐ Drinking Water ☐ Recreational water
☐ Animal ☐ Environment ☐ Person ☐ Unknown

Where did exposure probably occur?

- ☐ U.S. but not WA (State: _____)
- ☐ In WA (County: _____)
- ☐ Not in U.S. (Country/Region: _____)
- ☐ Unknown

Exposure details (e.g., exposure date, specific site, purchase or use-by date, product name/description):

- ☐ No risk factors or exposures could be identified
- ☐ Patient could not be interviewed

PATIENT PROPHYLAXIS / TREATMENT**PUBLIC HEALTH ISSUES**

Y N DK NA

- ☐ ☐ ☐ ☐ Employed as food worker
- ☐ ☐ ☐ ☐ Non-occupational food handling (e.g. potlucks, receptions) during contagious period
- ☐ ☐ ☐ ☐ Employed as health care worker
- ☐ ☐ ☐ ☐ Employed in child care or preschool
- ☐ ☐ ☐ ☐ Attends child care or preschool
- ☐ ☐ ☐ ☐ Household member or close contact in sensitive occupation or setting (HCW, child care, food)

PUBLIC HEALTH ACTIONS

- ☐ Consider excluding case in sensitive occupation until diarrhea ceases
- ☐ Consider excluding symptomatic contacts in sensitive occupations or situations until diarrhea ceases
- ☐ Work or child care restriction for case
- ☐ Test symptomatic contacts
- ☐ Hygiene education provided
- ☐ Restaurant inspection
- ☐ Child care inspection
- ☐ Other, specify: _____

NOTES

Investigator _____ Phone/email: _____

Investigation complete date ____/____/____

Local health jurisdiction _____

Record complete date ____/____/____